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Complete if Known. Substitute for form 1449/PTO Application Number 10/711,703 Filing Date 09/30/2004 INFORMATION DISCLOSURE SRIVASTAVA, Rohit First Named Inventor STATEMENT BY APPLICANT Art Unit 3738 Examiner Name Unknown Allomey Docket Number 060493-0001

Examiner	Cite	Document Number	Publication Date	DOCUMENTS  Name of Patentee or	T Ossas Column Lines When
initials*	No.	Document Number	MM DD.YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
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	Application Number	10/711,703	
INFORMATION DISCLOSURE	Filing Date	09/30/2004	
STATEMENT BY APPLICANT	First Named Inventor	SRIVASTAVA, Rohit	~
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	Examiner Name	Unknown	
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	Application Number	10/711,703	
INFORMATION DISCLOSURE	Filing Date	09/30/2004	
STATEMENT BY APPLICANT	First Named Inventor	SRIVASTAVA, Rohit	•~~~
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	Examiner Name	Unknown	
Sheet 3 of 4	Attorney Docket Number	060493-0001	

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Exammer Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), dato, pago(s), volume-issue number(s), publisher, city and/or country where published.	τ,
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